

**ADOPTION EXCELLENCE AWARDS  
Nomination Form 2006**

**Nominee:**

**Name of Individual or Agency/Organization Nominated**  
**For Individual, please include Title and Agency Affiliation**

\_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Fax:**

\_\_\_\_\_

**E-Mail:**

\_\_\_\_\_

**AWARD CATEGORY:**

\_\_\_\_\_  
(Please indicate only one of the nine categories)

**Nominated By:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Address:**

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\_\_\_\_\_  
\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**E-Mail:**

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**Signature of Nominator** \_\_\_\_\_

(Date)

**Deadline for Nomination Submission - MONDAY, AUGUST 7, 2006**

**Mail To:**

**Adoption Excellence Awards  
USDHHS, Children Bureau  
Portals Building, Room 8148  
1250 Maryland Avenue, S.W.  
Washington, D.C. 20024    ATTN: LaChundra Thomas**